



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

Division of Drinking Water

June 20, 2017  
Certified Mail/Return  
7012 3460 0003 1112 8847

Adam's Vegetable Oils  
7301 John Galt Way  
Arbuckle, CA 95912

Attention: Lee Smith, Operations Manager

**RE: Adam's Vegetable Oils, Public Water System No. 0605012 – Citation No. 21-17C-023 for Exceedance of the Bacteriological Maximum Contaminant Level in June of 2017**

Enclosed is a citation issued to the Adam's Vegetable Oils (System). The citation is being issued because the System failed to achieve the drinking water standard for total coliform bacteria during the month of June 2017. Please read this citation carefully and complete all directives. Public notification is required to inform consumers that the standard was not achieved during this time period.

Because your water system had two or more total coliform-positive samples in a month, the U.S. EPA's Revised Total Coliform Rule requires your water system to conduct a Level 1 Assessment. The State has not yet adopted this new rule. We are advising you to comply with the new rule and conduct the assessment as specified in the directives of this citation.

Note that Section 116577 of the California Safe Drinking Water Act provides for the Division to be reimbursed by the Water System for costs incurred for preparing and issuing a citation. In accordance with Section 116577, the Water System will be billed for the preparation and issuance of this citation.

If you have any questions regarding this matter, please call Paul Rowe at (530) 224-4866 or me at (530) 224-4861.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Crenshaw".

Reese B. Crenshaw, P.E.  
Valley District Engineer  
Drinking Water Field Operations Branch

Enclosures

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | [www.waterboards.ca.gov](http://www.waterboards.ca.gov)

1 **Citation No. 21-17C-023**

2  
3 **STATE OF CALIFORNIA**  
4 **WATER RESOURCES CONTROL BOARD**  
5 **DIVISION OF DRINKING WATER**  
6

7 **Public Water System:** Adam's Vegetable Oils

8 **Water System No.:** 0605012

9  
10 **To:** Adam's Vegetable Oils  
11 Attn: Lee Smith, Operations Manager  
12 7301 John Galt Way  
13 Arbuckle, CA 95912  
14

15 **Issued:** June 20, 2017  
16 VIA CERTIFIED MAIL  
17  
18

19 **CITATION FOR NONCOMPLIANCE**  
20 **With Title 22 California Code of Regulations**  
21 **Section 64426.1(b)**  
22

23 Section 116650 of the California Health and Safety Code (CHSC) authorizes the  
24 issuance of a citation for failure to comply with a requirement of the California Safe  
25 Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with  
26 Section 116270), or any regulation, standard, permit, or order issued thereunder.

1 The State Water Resources Control Board (hereinafter "State Board"), acting by and  
2 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director  
3 for the Division, hereby issues a citation to Adam's Vegetable Oils for failure to  
4 comply with Section 64426.1(b), Title 22, of the California Code of Regulations  
5 (CCR).

## 6 7 **APPLICABLE AUTHORITIES**

8 See **Attachment 'A'** for a list of the applicable authorities.

## 9 10 **STATEMENT OF FACTS**

11 The Adam's Vegetable Oils, domestic water system (System) is classified as a  
12 nontransient noncommunity water system serving approximately 90 persons per  
13 day. In accordance with Section 64423 of Title 22, the System is required to collect  
14 one routine bacteriological sample per month, unless there was a positive  
15 bacteriological sample the previous month; in which case, five routine  
16 bacteriological samples are required. A routine sample collected on June 7, 2017,  
17 indicated the presence of total coliform bacteria. Furthermore, two out of six repeat  
18 samples collected on June 14, 2017, also resulted in the presence of total coliform  
19 bacteria. No sample discussed herein was positive for E. coli.

## 20 21 **DETERMINATIONS**

22 The Division has determined that the System violated Section 64426.1(b)(2), Title  
23 22, of the CCR, in that more than one sample in a month contained total coliform  
24 bacteria. The System also triggered a Level 1 Assessment for June 2017 per the  
25 revised Total Coliform Rule (rTCR), codified in Title 40 of the Code of Federal  
26 Regulations (CFR), Section 141.859.

**DIRECTIVES**

The System is hereby directed to take the following actions:

1. Comply with Total Coliform Rule codified in Section 64426.1, Title 22, of the CCR in all future monitoring periods.
2. **Within 30 days** of the issuance of this Citation, provide public notification in accordance with **Attachment B**, to all persons served by the System of the MCL violation as required by Section 64463.4(c) and Section 64465, Title 22, of the CCR. Notification shall be completed in accordance Section 64463.4(c)(2) specified in the attached Applicable Authorities.
3. Changes and/or modifications to **Attachment B** shall not be made unless approved by the Division.
4. Complete and return **Attachment C**, "Certification of Completion of Public Notification" form **within 10 days** of giving public notice. A copy of the notice used to provide public notification shall be attached to the form.
5. As a result of the June 2017 total coliform results, **within 30 days of the issuance of this Citation**, the System must submit to the Division a completed and signed rTCR Level 1 Assessment form (**Attachment D**). Furthermore, all necessary corrective action specified on the Assessment must be addressed and verified (via fax, email, mail, or phone) to the Division **within 30 days of completed Assessment**.

1       6. Collect and report five (5) routine bacteriological samples in the distribution  
2       system in the month of **July 2017**.

3  
4       All documents required by this Citation to be submitted to the Division shall be  
5       submitted to the following address:

6  
7       Reese B. Crenshaw, P. E.  
8       Valley District Engineer  
9       Drinking Water Field Operations  
10      Division of Drinking Water  
11      State Water Resources Control Board  
12      364 Knollcrest Drive, Suite 101  
13      Redding, CA 96002  
14      (530) 224-4800

15  
16      Nothing in this Citation relieves the System of its obligation to meet the requirements  
17      of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking  
18      Water Act), or any regulation, permit, standard or order issued or adopted thereunder.

19  
20      The Division reserves the right to make such modifications to this Citation, as it may  
21      deem necessary to protect public health and safety. Such modifications may be  
22      issued as amendments to this Citation and shall be effective upon issuance.

23  
24      **FURTHER ENFORCEMENT ACTION**

25      The California SDWA authorizes the State Board to: issue citation with assessment of  
26      administrative penalties to a public water system for violation or continued violation of  
27      the requirements of the California SDWA or any permit, regulation, permit or order

1 issued or adopted thereunder including, but not limited to, failure to correct a violation  
2 identified in a citation or compliance order. The California SDWA also authorizes the  
3 State Board to take action to suspend or revoke a permit that has been issued to a  
4 public water system if the system has violated applicable law or regulations or has  
5 failed to comply with an order of the State Board; and to petition the superior court to  
6 take various enforcement measures against a public water system that has failed to  
7 comply with an order of the State Board. The State Board does not waive any further  
8 enforcement action by issuance of this citation.

9  
10 **PARTIES BOUND**

11 This Citation shall apply to and be binding upon the System, its officers, directors,  
12 agents, employees, contractors, successors, and assignees.

13  
14 **SEVERABILITY**

15 The directives of this Citation are severable, and the Water System shall comply with  
16 each and every provision thereof notwithstanding the effectiveness of any other  
17 provision.

18  
19 

20 Reese B. Crenshaw, P.E., District Engineer  
21 Valley District  
22 Drinking Water Field Operations Branch

6/23/17

Date



23  
24 **Attachments:**

- 25 Attachment 'A' - Applicable Authorities
- 26 Attachment 'B' - Public Notification Template
- 27 Attachment 'C' - Certification of Completion
- 28 Attachment 'D' - rTCR Level 1 Assessment Form

**APPLICABLE AUTHORITIES**

**Section 116650 of the CHSC states in relevant part:**

- (a) If the Department determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the department may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.*
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.*
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.*
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).*
- (e) The department may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.*

**Section 116701 of the CHSC states in relevant part:**

**Petitions to Orders and Decisions**

- (a) Within 30 days of issuance of an order or decision issued by the deputy director under Article 8 (commencing with Section 116625) or Article 9 (commencing with Section 116650), an aggrieved person may petition the state board for reconsideration. Where the order or decision of the deputy director is issued after a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, this section shall apply instead of Section 11521 of the Government Code.*
- (b) The petition shall include the name and address of the petitioner, a copy of the order or decision for which the petitioner seeks reconsideration, identification of the reason the petitioner alleges the issuance of the order was inappropriate or improper, the specific action the petitioner requests, and other information as the state board may prescribe. The petition shall be accompanied by a statement of points and authorities of the legal issues raised by the petition.*
- (c) The evidence before the state board shall consist of the record before the deputy director and any other relevant evidence that, in the judgment of the state board, should be considered to implement the policies of this chapter. The state board may, in its discretion, hold a hearing for receipt of additional evidence.*
- (d) The state board may refuse to reconsider the order or decision if the petition fails to raise substantial issues that are appropriate for review, may deny the petition upon a determination that the issuance of the order or decision was appropriate and proper, may set aside or modify the order or decision, or take other appropriate action. The state board's action pursuant to this subdivision shall constitute the state board's completion of its reconsideration.*



ATTACHMENT A

- (e) *The state board, upon notice and hearing, if a hearing is held, may stay in whole or in part the effect of the order or decision of the deputy director.*
- (f) *If an order of the deputy director is subject to reconsideration under this section, the filing of a petition for reconsideration is an administrative remedy that must be exhausted before filing a petition for writ of mandate under Section 116625 or 116700.*

**Section 64423(a)(2), Title 22, of the CCR states in relevant part:**

- (2) *The minimum number of samples for nontransient-noncommunity water systems shall be based on the known population served as shown in Table 64423-A during those months when the system is operating. A nontransient-noncommunity water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency if it has not violated the requirements in this article during the past twelve months. The minimum reduced frequency shall not be less than one sample per quarter.*

**Table 64423-A**  
**Minimum Number of Routine Total Coliform Samples**

| <i>Monthly Population Served</i> | <i>Service Connections</i> | <i>Minimum Number of Samples</i> |
|----------------------------------|----------------------------|----------------------------------|
| 25 to 1000                       | 15 to 400                  | 1 per month                      |
| 1,001 to 2,500                   | 401 to 890                 | 2 per month                      |
| 2,501 to 3,300                   | 891 to 1,180               | 3 per month                      |
| 3,301 to 4,100                   | 1,181 to 1,460             | 4 per month                      |
| 4,101 to 4,900                   | 1,461 to 1,750             | 5 per month                      |
| 4,901 to 5,800                   | 1,751 to 2,100             | 6 per month                      |
| 5,801 to 6,700                   | 2,101 to 2,400             | 7 per month                      |
| 6,701 to 7,600                   | 2,401 to 2,700             | 2 per week                       |
| 7,601 to 12,900                  | 2,701 to 4,600             | 3 per week                       |
| 12,901 to 17,200                 | 4,601 to 6,100             | 4 per week                       |
| 17,201 to 21,500                 | 6,101 to 7,700             | 5 per week                       |

**Table 64423-A**  
**Minimum Number of Routine Total Coliform Samples**

| <i>Monthly Population Served</i> | <i>Service Connections</i> | <i>Minimum Number of Samples</i> |
|----------------------------------|----------------------------|----------------------------------|
| 21,501 to 25,000                 | 7,701 to 8,900             | 6 per week                       |
| 25,001 to 33,000                 | 8,901 to 11,800            | 8 per week                       |
| 33,001 to 41,000                 | 11,801 to 14,600           | 10 per week                      |
| 41,001 to 50,000                 | 14,601 to 17,900           | 12 per week                      |
| 50,001 to 59,000                 | 17,901 to 21,100           | 15 per week                      |
| 59,001 to 70,000                 | 21,101 to 25,000           | 18 per week                      |
| 70,001 to 83,000                 | 25,001 to 29,600           | 20 per week                      |
| 83,001 to 96,000                 | 29,601 to 34,300           | 23 per week                      |
| 96,001 to 130,000                | 34,301 to 46,400           | 25 per week                      |
| 130,001 to 220,000               | 46,401 to 78,600           | 30 per week                      |
| 220,001 to 320,000               | 78,601 to 114,300          | 38 per week                      |
| 320,001 to 450,000               | 114,301 to 160,700         | 50 per week                      |
| 450,001 to 600,000               | 160,701 to 214,300         | 55 per week                      |
| 600,001 to 780,000               | 214,301 to 278,600         | 60 per week                      |
| 780,001 to 970,000               | 278,601 to 346,400         | 70 per week                      |
| 970,001 to 1,230,000             | 346,401 to 439,300         | 75 per week                      |
| 1,230,001 to 1,520,000           | 439,301 to 542,900         | 85 per week                      |
| 1,520,001 to 1,850,000           | 542,901 to 660,700         | 90 per week                      |
| 1,850,001 to 2,270,000           | 660,701 to 810,700         | 98 per week                      |
| 2,270,001 to 3,020,000           | 810,701 to 1,078,600       | 105 per week                     |
| 3,020,001 to 3,960,000           | 1,078,601 to 1,414,300     | 110 per week                     |
| 3,960,001 or more                | 1,414,301 or more          | 120 per week                     |

**Section 64426.1(b), Title 22, of the CCR states in relevant part:**

*(b) A public water system is in violation of the total coliform maximum contaminant level (MCL) when any of the following occurs:*

*(1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or*

ATTACHMENT A

- (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or*
- (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or,*
- (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.*

**Section 64463.4(c)(2), Title 22, of the CCR states in relevant part:**

*Unless otherwise directed by the Division in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:*

- (A) Posting in conspicuous locations throughout the areas served by the water system; and*
- (B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:*
  - 1. Publication in a local newspaper or newsletter distributed to customers:*
  - 2. E-mail message to employees or students:*
  - 3. Posting on the Internet or intranet: or*
  - 4. Direct delivery to each customer.*

**Section 141.859(a)(1), Title 40 of the CFR, states in relevant part:**

- (a) Treatment technique triggers. Systems must conduct assessments in accordance with paragraph (b) of this section after exceeding*

## ATTACHMENT A

*treatment technique triggers in paragraphs (a)(1) and (a)(2) of this section.*

*(1) Level 1 treatment technique triggers.*

- i. For systems taking 40 or more samples per month, the system exceeds 5.0% total coliform-positive samples for the month.*
- ii. For systems taking fewer than 40 samples per month, the system has two or more total coliform-positive samples in the same month.*
- iii. The system fails to take every required repeat sample after any single total coliform-positive sample.*

*(b) Requirements for assessments.*

*(3) Level 1 assessments. A system must conduct a Level 1 assessment consistent with State requirements if the system exceeds one of the treatment technique triggers in paragraph (a)(1) of this section.*

- i. The system must complete a Level 1 assessment as soon as practical after any trigger in paragraph (a)(1) of this section. In the completed assessment form, the system must describe sanitary defects detected, corrective actions completed, and a proposed timetable for any corrective actions not already completed. The assessment form may also note that no sanitary defects were identified. The system must submit the completed Level 1 assessment form*

## ATTACHMENT A

*to the State within 30 days after the system learns that it has exceeded a trigger.*

- ii. If the State reviews the completed Level 1 assessment and determines that the assessment is not sufficient (including any proposed timetable for any corrective actions not already completed), the State must consult with the system. If the State requires revisions after consultation, the system must submit a revised assessment form to the State on an agreed-upon schedule not to exceed 30 days from the date of the consultation.*
- iii. Upon completion and submission of the assessment form by the system, the State must determine if the system has identified a likely cause for the Level 1 trigger and, if so, establish that the system has corrected the problem, or has included a schedule acceptable to the State for correcting the problem.*

**IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER**

Este informe contiene información muy importante sobre su agua potable.  
Tradúzcalo o hable con alguien que lo entienda bien.

**The Adam's Vegetable Oils water system did not meet  
Bacteriological Drinking Water Standards in June 2017**

Our water system violated the bacteriological drinking water standard for June 2017. As our consumers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. Three out of seven water samples collected in June 2017, indicated the presence of total coliform bacteria. The standard is that no more than one (1) sample per month may have the presence of total coliform.

**What should I do?**

- **You do not need to boil your water or take other corrective actions.** This is not an emergency, if it had been, you would have been notified immediately.
- Usually, coliforms are a sign that there could be a problem with the well or distribution system (pipes). Whenever we test for total coliform bacteria in any sample, we also test to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find E. Coli bacteria in our testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

**What happened? What is being done?**

Though we are not sure of the cause of the positive coliform detections, we have increased the chlorine dosage as a precaution and will collect 5 samples instead of 1 in July 2017.

For more information, please contact Lee Smith @ 530-668-2030

State Water System ID#: 0605012

## CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

**Public Water System Name** Adam's Vegetable Oils

**Public Water System No.** 0605012

Public notification for the May 2017 bacteriological failure was performed by the following required method:

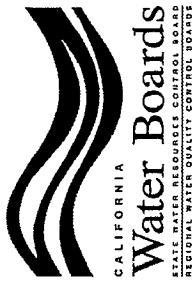
- Posting in conspicuous locations throughout the area served by the water system:  
List locations: \_\_\_\_\_

I hereby certify that the above information is factual.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



STATE OF CALIFORNIA  
WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

### RTCR Level 1 Assessment Report Form for Positive Total Coliform Investigation

See the RTCR Level 1 Assessment Guidance and Tips document for additional information.

This assessment is intended to review general water system infrastructure, system operation and sampling protocols for potential sources of contamination. This form should be completed by a knowledgeable representative of the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

|              |                     |
|--------------|---------------------|
| SYSTEM NAME: | Trigger Date:       |
| SYSTEM #:    | Investigation Date: |

| # | Issues  | Yes/No  | N/A                      | Potentially              | If Yes or Potentially, Identify                  |
|---|---|---|--------------------------|--------------------------|--|
| 1 | Unusual occurrences with the water system since the last negative routine bacteriological sample: |   |                          |                          |  |
|   | Loss of pressure <5 psi   | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
|   | Heavy precipitation and/or flooding   | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
|   | Customer complaints of water quality or pressure  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
|   | Evidence of unauthorized access/vandalism   | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
|   | Interruption in disinfection treatment  | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2 | Changes to water system since last negative routine bacteriological sample:                       |   |                          |                          |  |
|   | Piping modified or repaired   | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
|   | System components replaced or repaired  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
|   | Changes in operational procedures or personnel  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
| 3 | Groundwater source contamination:   |   | <input type="checkbox"/> |                          | Proceed to section 4 if groundwater is not used. |
|   | Repeat bacteriological sample(s) from raw source water is positive for total coliform             | Y <input type="checkbox"/> N <input type="checkbox"/> |                          |                          |  |
|   | Wells:  |   | <input type="checkbox"/> |                          |  |
|   | Cracks or holes in the well casing above grade  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
|   | Water can leak through well top seal  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
|   | The well is not equipped with a downturned screened vent.   | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
|   | Water can leak through well head penetrations for electrical or sounding equipment                | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |
|   | Leaking pipes or standing water around the well(s)  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |  |



|          |  |   |                          |                          |   |
|----------|--|---|--------------------------|--------------------------|---|
|          | <b>Springs and/or Horizontal Wells:</b>  |   |                          |                          |   |
|          | The collection site is overgrown with vegetation.  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Flowing/standing water around the collection site  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Evidence of animal activity around the collection site (grazing/burrowing)                   | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Rodents, insects or roots in the spring box  | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| <b>4</b> | <b>Surface water or GWUDI treatment issues</b>   |   | <input type="checkbox"/> |                          |   |
|          | CT not met at all times  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Spikes in raw or filtered water turbidity  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Alarms and auto shutdowns are not properly set or functioning.                               | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| <b>5</b> | <b>Tank(s) storage, cleanwell, backwash return:</b>  |   | <input type="checkbox"/> |                          | Proceed to section 6 if there are no tanks. |
|          | Openings in tank roof that rain water can enter  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Rodents, birds, insects or other unexpected materials inside tank                            | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Tank air vents are not properly screened to prevent insects from entering.                   | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Hatches or access ladders left unlocked  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | For redwood tanks, signs of birds/animals burrowing or nesting into the tank                 | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
|          | root intrusion, for underground tanks  | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| <b>6</b> | <b>Distribution system</b>   |   |                          |                          |   |
|          | Low pressure transmission lines  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Dead end lines   | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Interties with non-potable water systems or sources (even if valved off)                     | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Any certified backflow prevention devices not tested in the previous calendar year.          | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| <b>7</b> | <b>Sample site and sampling procedures</b>   |   |                          |                          |   |
|          | Sample sites are not the ones identified in the approved bacteriological sample siting plan. | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Sample taps are wet, leaking or dirty  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | The sample collector was not properly trained  | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
|          | Is there a seasonal pattern in positive samples when reviewing historical monitoring?        | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| <b>8</b> | <b>Other</b>   | Y <input type="checkbox"/> N <input type="checkbox"/> |                          | <input type="checkbox"/> |   |

**SUMMARY:** Based on the results of your investigation and any other available information, what do you believe to be the cause(s) of the positive total coliform samples from your water system? Also, include any items that could potentially lead to contamination. (REQUIRED)

**CORRECTIVE ACTIONS:** What actions have you taken to correct the above mentioned issue(s)? If additional time is needed to correct a deficiency, indicate a correction date or contact your local regulating agency for a reasonable timeline for correction. (REQUIRED)

**CERTIFICATION:** I certify that the information submitted in response to the questions above is accurate to the best of my knowledge.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_